

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

19248  
State File No. \_\_\_\_\_  
Registered No. 19

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. Miami Insp. Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
} If child is not yet named, make supplemental report, as directed.

2. Full name of child Virginia Lunt

3. Sex of Child Female } To be answered ONLY in event of plural births. }  
4. Twin, triplet or other \_\_\_\_\_ }  
5. No., in order of birth. \_\_\_\_\_ }  
6. Legitimate? yes }  
7. Date of birth Jan. 11-1930.  
Month Day Year

8. FATHER  
Full name Sylvan Edgerton Lunt

14. MOTHER  
Full maiden name Sabra Ann Jacobson

9. Residence (Usual place of abode) Miami, Arizona.  
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race Cauc.  
11. Age at last birthday 23 (Years)

16. Color or race Cauc.  
17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Chihuahua Mex  
(State or country)

18. Birthplace (city or place) Chihuahua Mex  
(State or country)

13. Occupation Time keeper  
Nature of Industry Mining

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 1st }  
(b) Born alive but now dead 0 }  
(c) Stillborn 0 }  
21. Were precautions taken against ophthalmia neonatorum? yes

I hereby certify that I attended the birth of this child, who was born alive at 4:40 a.m. on the date above stated.  
(Born alive or stillborn)

Signature Cyril M. Brown M.D.  
(Physician or midwife.)

Address Miami, Arizona  
Month, day, year \_\_\_\_\_  
Filed Jan 15 1930 Registrar. C. E. Jones

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report.

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when in order of birth sealed.